The Opioid Epidemic
and the
Practice of Medicine

Practitioner Diversion Awareness Conference
North Virginia & Washington DC
February 22 & 23, 2020

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Acting Chief, Liaison Section
Diversion Control Division
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Objectives

To Introduce the DEA registered Practitioner with:

• Real Mission of the Diversion Control Division of the DEA
• Extent of the Opioid Epidemic in the U.S.
• History and Complexity of Drug Abuse in the U.S.
• Trends in Prescribing and Dispensing Patterns
• Nationwide Efforts to Combat the Problem
Questions To Discuss

At the completion of this block of instruction you will be able to answer the following questions:

1. How many States implanted policies/guidelines setting limits on opioid controlled substance prescribed by doctors?

1. What are the top three most commonly prescribed controlled substances in the U.S.?
Questions To Discuss

3. According to the CDC approximately how many people died from drug overdoses in the year 2018?

4. Under Federal Law what is the primary responsibility of practitioners when it comes to issuing prescriptions for controlled substances?

5. According to IMS Data the total number of prescriptions being filled for oxycodone for the last three years has declined?
There
Is
Pain
There Is Legitimate Pain
There
Is
Dependence
There Is Addiction
Public Health Epidemic

In 2014, there were 47,055 drug overdose deaths

In 2015, there were 52,404 drug overdose deaths

In 2016, there were 63,632 drug overdose deaths

In 2017, there were 70,237 drug overdose deaths,
...one death every 7.5 minutes,
...approximately 192 per day,
...Opioids, many synthetic opioids (other than methadone) were involved in 47,600 overdose deaths..

In 2018, there were 67,367 drug overdose deaths in the United States, a 4.1% decline from 2017 (70,237 deaths).

https://www.cdc.gov/drugoverdose/data/statedeaths.html
The rate of drug overdose deaths involving natural and semisynthetic opioids, which include drugs such as oxycodone and hydrocodone, increased from 1.0 in 1999 to 3.1 in 2009, then increased to 4.4 in 2016 and 2017. The rate in 2018 (3.8) was lower than in 2017.

CDC. https://www.cdc.gov/drugoverdose/data/analysis.html
Figure 1. Age-adjusted drug overdose death rates, by sex: United States, 1999–2018

1Significant increasing trend from 1999 through 2016 with different rates of change over time, p < 0.05. Rate in 2018 was significantly lower than in 2017.
2Rates for males were significantly higher than rates for females for all years, p < 0.05.
3Significant increasing trend from 1999 through 2018 with different rates of change over time, p < 0.05. Rate in 2018 was significantly lower than in 2017.
NOTES: Deaths are classified using the International Classification of Diseases, 10th Revision. Drug-poisoning (overdose) deaths are identified using underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. The number of drug overdose deaths in 2018 was 67,367. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db356_tables-508.pdf#1.
Soldier Field
Capacity: 61,500
Opioid Summaries by State

Revised May 2019

2017 Opioid-Involved Overdose Death Rates (per 100,000 people)\textsuperscript{1}

\begin{tabular}{|c|c|c|c|c|c|c|}
\hline
& < 6.2 & 6.3-9.5 & 9.6-15 & 15.1-19 & 19.1-27.7 & > 27.8 & Not Included\textsuperscript{*} \\
\hline
\end{tabular}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{map.png}
\caption{Map showing opioid overdose death rates by state.}
\end{figure}

\textsuperscript{1} Data source: Centers for Disease Control and Prevention

\textsuperscript{*} Not included in the map due to lack of data.
The Most Commonly Abused (Controlled Substances) in the U.S.

Marihuana

Controlled Prescription Drugs (CPDs)

DEA: 2018 National Drug Threat Assessment
2018: Ten Most Commonly Filled Controlled Substances Prescriptions in the U.S.

- Hydrocodone
- Oxycodone
- Alprazolam
- Tramadol
- Dextroamphetamine
- Zolpidem
- Clonazepam
- Lorazepam
- Codeine
- Buprenorphine

IQVIA Data on file as of March 11, 2019
The Most Common Drugs Involved in Prescription Opioid Overdose Deaths include:

- Methadone
- Oxycodone
- Hydrocodone

https://www.cdc.gov/drugoverdose/data/prescribing.html
Pills laced with deadly opioid infiltrating drug market, DEA says

The Guardian
By Susan Zalkind
The illegal drugs look like known prescription painkillers and contain high amounts of fentanyl as law enforcement says problem is expected to escalate. Hundreds of thousands of counterfeit prescription pills laced with a deadly synthetic opioid have infiltrated the US drug market, according to the (DEA)…
Fentanyl Combination Reports
(Clandestine Fentanyl Pill Pressing Operations)

Fentanyl Only
Fentanyl with Heroin
Fentanyl with Narcotics
Fentanyl with Methamphetamine
Fentanyl with Cocaine

DEA: 2018 National Drug Threat Assessment
Heroin Seizure

Pharmaceutical Oxycodone 30mg

U.S. Drug Enforcement Administration
The Real McCoy

- WATSON 853
- (Acetaminophen and Hydrocodone Bitartrate)
- 325 mg / 10 mg)
The Real McCoy

Oxycodone Hydrochloride
30 mg

Color:
Blue

Shape:
Round

www.drugs.com
Counterfeit Adderall Tablets Containing Methamphetamine

Source: Michigan State Police
Counterfeit Xanax Pills Containing Cocaine and Fentanyl

Source: Wilmington, MA Police Department

DEA: 2018 National Drug Threat Assessment
Google Search: Unwashed Poppy Seeds
Drugs Making a Strong Comeback

CPDs
Heroin
Fentanyl and Other Synthetic Opioids
Cocaine
Methamphetamine
Marijuana
Synthetic Cannabinoids and Synthetic Cathinones

DEA: 2018 National Drug Threat Assessment
Unfortunately, The United States has a Long History of Drug Use and Abuse
1804

Morphine is Distilled from Opium for the First Time

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
The First Opium War Breaks Out as Britain Forces China to Sell Its India Grown Opium

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1853

The Hypodermic Syringe is Invented

The Inventor’s Wife is the First to Die of an Injected Drug Overdose

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1861-1865

Morphine Addiction

The Civil War

The “Soldier's Disease”
Opium dens were established as sites to buy and sell opium. Dens were commonly found in China, Southeast Asia, the United States, and parts of Europe. Chinese immigrants came to the United States in the Mid-1800s to work for railroads and the Gold Rush and brought the habit of opium smoking with them. Opium dens sprang up in San Francisco's Chinatown and spread eastward to New York.
New York

1923

News Dog Media
1898

Bayer Chemist Invents diacetylmorphine,

Names It Heroin

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
Advent of the 20th Century

Abuse Of Opium And Morphine A Significant Problem In The US

But

There Was Widespread Distribution Of Medicinal Products Containing The New "Non-addictive" Alternative To Morphine - Heroin.
Heroin hydrochlor.
Burroughs Wellcome & Co.

TABLOID’

‘Forced March’

Containing the combined active principles of Kola Nut and Coca Leaves.

Allays hunger and prolongs the power of endurance.

DIRECTION.—One to be dissolved in hot water every hour when undergoing continued mental strain or physical exertion.

For HAY FEVER, CATARRH, AND THROAT TROUBLES.
CURE NERVOUSNESS, HEADACHE, and SLEEPLESSNESS.

Price 50c. a box at Druggists
or by mail. Send for Pamphlet.

ALLEN COCAINE MFG. CO.,
1254 Broadway, N. Y.
COCAINETOOTHACHE DROPS

Instantaneous Cure!

PRICE 15 CENTS.

Prepared by the

LLOYD MANUFACTURING CO.

219 HUDSON AVE., ALBANY, N. Y.

For sale by all Druggists.

(Registered March 1885.)
Mrs. Winslow's Soothing Syrup

The Mother's Friend

For Children Teething

The image depicts a mother and her children, with the syrup likely used to alleviate children's teething discomfort.
No. 56.

Menthol, Eucalyptus and Cocaine

20% Menthol, 1 min. Eucalyptus Oil, 20 gr. Cocaine.
A Pastille may be taken every four or six hours,
if required.

Manufactured by
Allen & Hanburys Ltd.

LONDON
A COLD BOTTLE ON A HOT DAY

Is a natural desire; but, remember,
there is just one thing that the bottle can
hold will enable you to forget worry and fatigue—

Coca-Cola

quenches the thirst, refreshes, invigorates, as nothing else can.

Its Purity Proved by Analysis

CHEMICAL DEPARTMENT
South Carolina College
COLUMBIA, S. C.

This is to certify that, pursuant to your request, I
have bought in the open market (from the Murray Drug
Co.), an original package of five gallons of Coca-Cola syrup,
bearing the label of "The Coca-Cola Co., Atlanta, Ga.,
and have submitted the same to careful analysis.

The object of the investigation being to establish the
presence or absence of cocaine, and possibly of other in-
formative alkaloids. I operated on quantities of these to five
ounces the amount contained in a bottle of the commerce,
which contained 400 parts of syrup, or 50 parts of
fluid extract. After the alkalinities were entirely removed, and different
aqueous solutions were used on different portions.

The crystals obtained were further separated by
fractional saturation, after which it was concentrated
and tested. Since this concentrated product, which
would contain all of the cocaine, failed to respond to the
tests, I concluded that it was not present.

I have reason to believe that if present at all, there is in quantities too minute to afford of
detection. The active constituent of Coca-Cola syrup
proved to be caffeine, and its quantities necessary for

Guaranteed under the Pure Food
and Drugs Act, June 30, 1906.
Serial Number 3334.
February 9, 1909

Congress
Public Law 221

“An Act to Prohibit the Importation and Use of Opium for Other Than Medicinal Purposes”
1914

U.S. Congress Passes Harrison Tax Act

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1928
Committee on the Problems of Drug Dependence is Formed
To Organize Research in Pursuit of the Holy Grail:
A Non-addictive Painkiller

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1951

Arthur Sackler Revolutionizes Drug Advertising With Campaign for the Antibiotic Terramycin

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1960

Arthur Sackler’s campaign for Valium makes it the industry’s first $100 million drug

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
The 1960s/70s/80s

- **Uppers - Amphetamines**
  - Amphetamines

- **Downers - Barbiturates**
  - Meprobamate

- **Quaalude**
  - Hydromorphone

- **Oxycodone/APAP**
  - "T’s and Blues"
  - "Fours and Doors"
DRUG-FREE AMERICA

AGE 0-4
AMOXICILLIN

4-12
RITALIN

12-18
APPETITE SUPPRESSANTS

18-24
NO-DOZ

24-38
PROZAC

38-65
ZANTAC

65—EVERYTHING ELSE
1980

The New England Journal of Medicine publishes a letter to the editor that becomes known as “Porter and Jick”

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

Jane Porter
Hershel Jick, M.D.
Boston Drug Surveillance Program
Boston University Medical Center
January 1980

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

“We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.”

1986

Drs. Kathleen Foley and Russell Portenoy publish paper in the journal *Pain*, opening a debate about use of opiate painkillers for wider variety of pain

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
“therapeutic use of opiate analgesics rarely results in addiction...”
1995

OxyContin

FDA approved labeling

“iatrogenic addiction was “very rare” and that the delayed absorption of OxyContin reduced the abuse liability of the drug”
The 1990s
1996

Purdue releases OxyContin, timed-released oxycodone, marketed largely for chronic-pain patients

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1996

Dr. David Procter’s clinic in South Shore, Kentucky, is presumed the nation’s first pill mill

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
1996

President of American Pain Society urges doctors to treat pain as a vital sign

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
October 31, 2000

106th U.S. Congress
H.R. 3244

“Decade of Pain Control and Research.”
Dr. Dennis O’Leary, President
Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)

- standards for health care organizations to improve pain management.
- recommendation for systematic assessments and use of quantitative measures of pain

Dr. David Procter pleads guilty to drug trafficking and conspiracy and serves eleven years in federal prison

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2007

Purdue and three executives plead guilty to misdemeanor charges of false branding of OxyContin; fined $634 million

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
Drug overdoses, mostly from opiates, surpass auto fatalities as leading cause of accidental death in the United States

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
The Trinity Cocktail

Hydrocodone

Alprazolam

Tramadol

Pregabalin

Muscle Relaxant

Opioid

Benzodiazepine

U.S. Drug Enforcement Administration
Diversion Control Division
Ohio passes House Bill 93, regulating pain clinics

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
2013

The College on the Problems of Drug Dependence turns seventy-five without finding the Holy Grail of a non-addictive painkiller

Sam Quinones, 2015, Dream Land: The Tale of America’s Opiate Epidemic
“Dr. Ron Siegel has suggested that throughout our entire history as a species, intoxication has functioned like the basic drives of hunger, thirst, or sex, sometimes overshadowing all other activities in life. Siegel further suggested “intoxication is the fourth drive”.

“Individual and group survival depends on the ability to understand and control this basic motivation to seek out and use intoxicants.”
The Origin of the Current Opioid Epidemic

• Combatting the Cocaine/Methamphetamine Epidemic
• The Push for the Better Treatment of Pain
• The Idea that Opioids are Non-Addictive
• OxyContin® and the Marketing Campaign for this product.
• The Significant Increase in Oxycodone Products.
• Purer and Cheaper Form of Heroin (Mexican Cartels)
• Fentanyl
The Problem Affects Everyone
No one
Is
Un-Affected
DEA Registrants as of February 12, 2020:
1,859,048

Importers: 459
Manufacturers: 785
Exporters: 421
Distributors: 1121
Researchers: 13,584
Narcotic Treatment Programs: 1,791
Pharmacies: 70,896
Practitioners: 1,745,621
Hospitals: 18,543
Patients (U.S. Population): 331,002,651

DEA Registration Data
Physician assistant among 2 charged in prescription drug case

by Bridget McClure | Friday, January 19th 2018
Trussville veterinarian arrested in fentanyl drug bust

Posted by: Tribune Staff   Posted date: January 23, 2018

From The Trussville Tribune staff reports

ALABASTER — A Trussville veterinarian who lives in Alabaster was arrested as part of a drug bust involving a package of fentanyl by multiple law enforcement agencies Monday, according to a post by the Shelby County Drug Enforcement Task Force on social media.

Wallace worked part time at Trussville Animal Hospital, according to owner Dr. Kelly Baumann who opened the clinic in 1987.

“We’re just shocked that this has happened,” Baumann said.

Baumann said she had been contacted by the Alabama State Veterinarian Board of Examiners which is the agency that controls drugs and the records of their use. She said her staff was cooperating and helping investigators in any way possible.

“We are completely in the dark as to what’s going on,” Baumann said. “We didn’t even have that drug in the clinic. We’ve done a complete inventory here and nothing is missing.”
Former Veterinary Technician Arrested For Illegally Prescribing Medications

A former veterinary technician from Savannah, Georgia has been arrested after it was discovered that she had been prescribing medication for her deceased dog.

The investigation began after the Chatham-Savannah Counter Narcotics Team received information suggesting that 33-year-old Courtney Brown was prescribing medication while employed as a technician at a local veterinary office. It has since been determined that Brown was regularly using her deceased dog’s name to illegally prescribe Xanax, a scheduled IV controlled substance. All the fraudulent prescriptions were filled between 2017 and 2018.

Brown, who turned herself in on Monday, was charged with a felony for acquiring or obtaining a controlled substance by misrepresentation/fraud/forgery.

Earlier this year, another Georgia animal hospital employee was arrested after she allegedly stole 177 tramadol pills from the South Forsyth Animal Hospital in Forsyth County where she worked. Danielle Crescenzo, 22, was charged with felony drug distribution of controlled substances.

Tweets by @VMDToday

RELATED:
- Second Suspect Charged For Running Fake Veterinary Clinic
Tamarac dentist arrested after cache of drugs found at Delray Beach home

Dr. Justin Devack faces drug-related charges

By Peter Burke - Local10.com Managing Editor

Posted: 11:56 AM, September 28, 2018
Updated: 5:46 PM, September 28, 2018

DELRAY BEACH, Fla. - A Tamarac dentist was arrested Thursday on drug-related charges.

Dr. Justin Devack faces charges of trafficking in synthetic cannabinoids and possession of paraphernalia.
Feds bust massive pill mills that flooded NYC streets with painkillers

By Larry Celona, Priscilla DeGregory and Max Jaeger

Authorities search the home of one of the doctors involved in the oxycodone pills arrest.
NORRISTOWN, PA — Four Montgomery County doctors have been arrested for illegally prescribing opioids to drug addicts and drug traffickers around the region, the District Attorney's Office announced on Wednesday morning. The prescriptions led to numerous overdose deaths, authorities said.
Prescriptions for Millions of Opioid Pills Lead to Charges Against 5 Doctors

Geoffrey S. Berman, the United States attorney for the Southern District of New York, during a news conference on Thursday in Manhattan. He announced that five doctors had been charged with prescribing millions of pain pills to people who had no legitimate medical need for them.
Nurse Arrested After Attempting to Steal Drugs From Savannah Hospital

The narcotics team quickly arrested the nurse before she could leave the building with drugs and stolen medical supplies.
FOR IMMEDIATE RELEASE

Tuesday, December 18, 2018

O.C. Doctor Arrested on Federal Narcotics Charges that Alleges that ‘Patients’ who Suffered Fatal Overdoses

SANTA ANA, California – Special Agents with the Drug Enforcement Administration this morning arrested an Orange County doctor on federal charges that allege he illegally distributed opioid and other powerful narcotics by writing prescriptions for “patients” without medical examinations and to at least five individuals who suffered overdose deaths. One man who allegedly obtained prescriptions from the doctor was involved in a car accident last month that killed a bicyclist who was a captain with the Costa Mesa Fire & Rescue Department.

Dzung Ahn Pham, 57, of Tustin, who owns Irvine Village Urgent Care, was arrested pursuant to a criminal complaint that charges him with two counts of illegally distributing oxycodone. The complaint alleges that Pham issued prescriptions for the controlled substance outside the usual course of professional practice and without a legitimate medical purpose.

The affidavit in support of the criminal complaint alleges that Pham was selling prescriptions to "patients" who were drug addicts and/or who were selling the drugs on the black market. A review of a state-maintained database shows that Pham issued "an extremely high amount" of prescriptions over a three-year period, and the types of drugs prescribed to certain patients would lead to "higher risks for addiction, overdose and overdose death," according to the affidavit. Investigators learned that a CVS pharmacy in Irvine stopped accepting prescriptions from Pham more than five years ago when the doctor could not justify the number of opioid pills he was prescribing to individual patients.

During two undercover operations this past summer that are discussed in the affidavit, a DEA agent quickly and easily obtained prescriptions for narcotics, including "a triple threat," also referred to as a "Holy Trinity, [which] is the combined use of an opioid (such as hydrocodone), a benzodiazepine (such as Valium), and carisoprodol (a muscle relaxer like Soma)." Pham allegedly steered the undercover agent to an Irvine pharmacy that filled many of his prescriptions.

The affidavit contains text messages in which "patients" seek prescriptions, sometimes asking for...
Physician Assistant sentenced to 10 years in prison

OAKLAND, Calif. – David Lague was sentenced to 10 years in prison, and ordered to pay a $5,000 fine and for unlawfully distributing prescription drugs, announced United States Attorney Alex G. Tse, Drug Enforcement Administration Special Agent in Charge Chris Nielsen, and Health & Human Services, Office of Inspector General, Office of Investigations Special Agent in Charge Steven J. Ryan. The sentence was handed down by the Honorable Haywood S. Gilliam, Jr., U.S. District Judge.

On July 24, 2018, a jury found Lague guilty of 39 counts of unlawful distribution of controlled substances, after a two-week trial. During the trial, evidence showed that Lague intentionally prescribed drugs to five different patients, knowing that the prescriptions were outside the usual course of professional practice and without a legitimate medical purpose. The evidence showed that, on two occasions, a patient asked Lague to double his prescriptions for powerful opioids so that the patient could sell the drugs. Lague not only doubled the prescriptions, he also discussed with the patient how to do it in a way to avoid scrutiny by pharmacies or law enforcement. Lague admitted at trial that he wrote false medical records of those visits in order to cover up what he was doing. The evidence at trial also showed that Lague falsified records as to other patients as well, detailing exams that never took place and indicating that he had reviewed lab work that he never reviewed. An expert who reviewed four of Lague’s patient files found that his handling of those patients was an extreme departure from the standard of care. Further, the evidence at trial showed that, among physicians who prescribed opioids to 50 or more MediCare patients, Lague was the highest prescriber of opioids in California in 2015 and 2016.
Two nurses died of overdoses inside a Dallas hospital. What went wrong?

Sue Ambrose and Holly K. Hacker

Northridge Nurse Arrested In Massive Prescription Drug Sting

Federal authorities arrested Southland doctors and clinic workers accused of black market opioid sales linked to at least one death.

By California News Wire Services, News Partner | Feb 22, 2019 1:14 am ET

An opioid crackdown in the Los Angeles area has led to the arrest of four doctors and other medical professionals. (AP Photo/Jae C. Hong)
Seven people, including three firefighters, a police officer, and an owner of Tony’s Baltimore Grill in Atlantic City, were arrested Friday and charged in a $50 million prescription-drug health-benefits scheme that has already snagged dozens of public employees and pharmaceutical representatives at the New Jersey Shore.

The arrests followed the unsealing of a 50-count federal indictment charging William Hickman, 42, of Northfield; his wife, Sara, 42; Ventnor Police Officer Thomas Schallus, 42; brothers and Margate Firefighters John, 37, and Thomas Sher, 46; Camden Firefighter Christopher Broccoli, 47, of West Deptford; and Brian Pugh, 41, of Absecon, identified in the indictment as a businessman.
PIKEVILLE, Ky. – A Pikeville doctor and one other were arrested Wednesday morning by US Marshals on federal drug charges. 47 year old Scott Akers and 32 year old Serissa Collier, aka Serissa Stamper were lodged in the Pike County Detention Center, each facing seven counts of unlawfully distributing quantities of hydrocodone, oxycodone and fentanyl between August of 2016 and May of 2018. A federal grand jury indicted the pair on April 11th.

According to documents filed in federal court, Akers owned and operated a pain management clinic in Pikeville where Collier was employed. However, Akers closed the clinic in 2016 and allegedly began dispensing prescriptions for pain medication from Akers’ residence where Collier resided from time to time.

EKB News is continuing to gather the details on the case and will post a more complete story later today.
In multistate crackdown, doctors charged with exchanging drugs for sex, writing prescriptions for Facebook friends

By ASSOCIATED PRESS / APRIL 17, 2019

INCINNATI — Federal authorities said Wednesday they have charged 60 people, including 31 doctors, for their roles in illegally prescribing and distributing millions of pills containing opioids and other dangerous drugs.
Nearly 60 Doctors, Other Medical Workers Charged In Federal Opioid Sting

April 17, 2019
CARRIE JOHNSON

Federal prosecutors are charging 60 doctors, pharmacists, medical professionals and others in connection with alleged opioid pushing and health care fraud, the Justice Department said Wednesday.

The cases involve more than 350,000 prescriptions for controlled substances and more than 32 million pills — the equivalent of a dose of opioids for "every man, woman and child," across Ohio, Kentucky, Tennessee, Alabama and West Virginia, said Assistant Attorney General Brian Benczkowski.
What’s Trending?

Some Good News?
Opioid addiction is plateauing. But the crisis isn’t over.

_Vox_
By Dylan Scott

New data from the Blue Cross Blue Shield Association suggests opioid addiction rates are finally plateauing.

The big finding from the BCBSA data, which compiles medical claims information from the various Blue Cross affiliates across the United States: Diagnoses of opioid use disorder (addiction, in other words) declined from 2016 to 2017, from 6.2 per 1,000 patients to 5.9.

It was the first decline BCBSA had measured in eight years.
U.S. Health Chief Says Overdose Deaths Are Starting to 'Plateau' But 'We Are So Far From the End'

• TIME Health

• (WASHINGTON) — The number of U.S. drug overdose deaths has begun to level off after years of relentless increases driven by the opioid epidemic, (HHS) health secretary Alex Azar said Tuesday, cautioning it’s too soon to declare victory.

• “We are so far from the end of the epidemic, but we are perhaps, at the end of the beginning,” Azar said in prepared remarks for a health care event sponsored by the Milken Institute think tank.
Overdose Deaths Likely to Fall for First Time Since 1990

Health officials and scientists warn U.S. is far from defeating drug epidemic

Wall Street Journal
June 26, 2019

For the first time in decades, drug-overdose deaths in the U.S. are on the precipice of declining. Authorities are still counting fatalities around the U.S. from 2018, but provisional data from the Centers for Disease Control and Prevention are pointing lower. Those data predict there were nearly 69,100 drug deaths in the 12-month period ending last November, down from almost 72,300 predicted deaths for 12 months ending November 2017.
Total Prescriptions Dispensed: Hydrocodone 2009-2018 (x 1,000)

Data On File
Total Prescriptions Dispensed: Oxycodone 2009-2018 (x 1,000)

Data On File
Total Prescriptions Dispensed: Methadone 2009-2018
( x 1,000)

Data On File
Total Controlled Substance RX’s Filled 2009-2018
(x 1,000)

Data On File
Total Prescriptions Dispensed Buprenorphine 2009-2018 (x 1,000)

Data On File
Opioid Treatment Programs (OTPs)

*As of August 12, 2019: DEA Registration Data*
DEA Registered
Opioid Treatment Programs (OTP)

Drug Enforcement Administration, Diversion Control Division

Updated February, 2020

Total: 1,790
DEA Registered Qualifying Practitioners

Data Waived Physician (DWP)/Qualifying Practitioner Totals

*As of July 10, 2019*
DEA Registered Qualifying Practitioners

Guam: 4
Total: 75,365

Updated February, 2020
Qualifying Practitioners (US)

- Practitioner DW-30 41,967
- Practitioner DW-100 9,740
- Practitioner DW-275 5,057
- Nurse Practitioner DW-30 11,299
- Physician Assistant DW-30 2,955
- Nurse Practitioner DW-100 3,061
- Physician Assistant DW-100 750
- Nurse Practitioner DW – 275 399
- Physician Assistant DW – 275 113

*As of FEBRUARY 12, 2020*
Qualifying Practitioners (DC & VA)

<table>
<thead>
<tr>
<th>Position</th>
<th>DC</th>
<th>VA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner DW-30</td>
<td>172</td>
<td>614</td>
</tr>
<tr>
<td>Practitioner DW-100</td>
<td>31</td>
<td>183</td>
</tr>
<tr>
<td>Practitioner DW-275</td>
<td>6</td>
<td>110</td>
</tr>
<tr>
<td>Nurse Practitioner DW-30</td>
<td>81</td>
<td>213</td>
</tr>
<tr>
<td>Physician Assistant DW-30</td>
<td>10</td>
<td>39</td>
</tr>
<tr>
<td>Nurse Practitioner DW-100</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>Physician Assistant DW-100</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Nurse Practitioner DW – 275</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Physician Assistant DW-275</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

*As of February 12, 2020
Nationwide Efforts to Combat the Problem
States

Practitioners

Hospitals

Treatment Providers

Medical Schools

Pharmacies
By the end of 2019, Thirty six States had responded to the Opioid epidemic by implementing policies or guidelines setting limits on the supply of Opioids that can be prescribed by doctors.
<table>
<thead>
<tr>
<th>State</th>
<th>Limit Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>7 Day Supply (initial prescription/adults)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (minors)</td>
</tr>
<tr>
<td>Arizona</td>
<td>5 Day Supply (initial prescription)</td>
</tr>
<tr>
<td>California</td>
<td>Currently no special restrictions on Schedule 2</td>
</tr>
<tr>
<td>Colorado</td>
<td>7 Day Supply (initial limit/Medicaid recipients only)</td>
</tr>
<tr>
<td>Connecticut</td>
<td>7 Day Supply (initial prescription)</td>
</tr>
<tr>
<td></td>
<td>5 Day Supply (minors)</td>
</tr>
</tbody>
</table>

https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
# State Limits: Opioid Prescribing

<table>
<thead>
<tr>
<th>State</th>
<th>Prescription Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delaware</td>
<td>7 Day Supply (initial prescription/adults)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (minors)</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>7 Day Supply (emergency situation)</td>
</tr>
<tr>
<td>Florida</td>
<td>3 Day Limit/Acute Pain</td>
</tr>
<tr>
<td>Hawaii</td>
<td>7 Day Supply (initial prescriptions)</td>
</tr>
<tr>
<td>Indiana</td>
<td>7 Day Supply (initial prescription)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (minors)</td>
</tr>
</tbody>
</table>

[https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state](https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state)
<table>
<thead>
<tr>
<th>State</th>
<th>Limit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kentucky</td>
<td>3 Day Supply (initial limit)</td>
</tr>
<tr>
<td>Louisiana</td>
<td>7 Day Supply (initial prescription/adults)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (minors)</td>
</tr>
<tr>
<td>Maine</td>
<td>30 Day Supply (chronic pain)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (acute pain)</td>
</tr>
<tr>
<td></td>
<td>100 MME Per Day</td>
</tr>
<tr>
<td>Maryland</td>
<td>Must prescribe lowest effective dose.</td>
</tr>
<tr>
<td></td>
<td>No set pill or day limit.</td>
</tr>
</tbody>
</table>

[https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state](https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state)
# State Limits: Opioid Prescribing

<table>
<thead>
<tr>
<th>State</th>
<th>Limit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>7 Day Supply (initial limit/adults)</td>
</tr>
<tr>
<td></td>
<td>7 Day Supply (minors)</td>
</tr>
<tr>
<td>Michigan</td>
<td>7 Day Limit (acute pain)</td>
</tr>
<tr>
<td>Minnesota</td>
<td>4 Day Limit (acute dental or ophthalmic pain)</td>
</tr>
<tr>
<td>Missouri</td>
<td>7 Day Supply (initial limit/Medicaid recipients)</td>
</tr>
<tr>
<td>Nebraska</td>
<td>150 Tablets per 30 days (Medicaid recipients only)</td>
</tr>
</tbody>
</table>

https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
<table>
<thead>
<tr>
<th>State</th>
<th>Supply Duration</th>
<th>Limit Type</th>
<th>MME Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nevada</td>
<td>14 Day Supply</td>
<td>(initial limit/acute pain)</td>
<td>90 MME per day</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>7 Day Supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Jersey</td>
<td>5 Day Supply</td>
<td>(initial limit/acute pain)</td>
<td></td>
</tr>
<tr>
<td>New York</td>
<td>7 Day Supply</td>
<td>(initial limit/acute pain)</td>
<td></td>
</tr>
<tr>
<td>North Carolina</td>
<td>5 Day Supply</td>
<td>(initial limit/acute pain)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 Day Supply</td>
<td>(post-operative)</td>
<td></td>
</tr>
<tr>
<td>Ohio</td>
<td>7 Day Supply</td>
<td>for Adults (initial limit)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 Day Supply</td>
<td>for Minors</td>
<td></td>
</tr>
</tbody>
</table>

https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
State Limits: Opioid Prescribing

Oklahoma  7 Day Supply

Oregon  No set pill or day limit. Lowest possible dose.

Pennsylvania  7 Day Supply (emergency rooms/urgent care centers)
               7 Day Supply (for minors/consent)

Rhode Island  30 MME/day

South Carolina  5 Day Supply or 90 MME daily

https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
<table>
<thead>
<tr>
<th>State</th>
<th>Limit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee</td>
<td>3 Day Supply (initial limit/new patients)</td>
</tr>
<tr>
<td>Utah</td>
<td>7 Day Supply (initial limit/acute pain)</td>
</tr>
<tr>
<td>Vermont</td>
<td>Limits vary between adults and minors</td>
</tr>
<tr>
<td></td>
<td>Must assess non-opioid and opioid treatments before prescribing opioids.</td>
</tr>
<tr>
<td></td>
<td>Must discuss treatment decisions with patients.</td>
</tr>
<tr>
<td></td>
<td>Moderate pain (Adults): 24 MME per day</td>
</tr>
<tr>
<td></td>
<td>Severe pain (Adults): 32 MME per day</td>
</tr>
<tr>
<td></td>
<td>Moderate to Severe Pain (Minors): 24 MME per day</td>
</tr>
</tbody>
</table>

https://ballotpedia.org/Opioid_prescription_limits_and_policies_by_state
State Limits: Opioid Prescribing

Virginia
- 7 Day Supply (acute pain)
- 14 Day Supply (post-surgical pain)
- (Some exceptions)

Washington
- Medicaid Program- 20 years and younger (18 tablets)
- Medicaid Program- 21 years and older (42 tablets)

West Virginia
- 7 Day Supply (short-term pain)
- 4 Day Supply (ER prescriptions)
- 3 Day Supply Dentists/Optometrists
In March 2016, Massachusetts became the 1st state to enact legislation to limit the supply of opioid painkillers prescribed by practitioners.

36 States Have Enacted Legislation with Some Type of Limit, Guidance, or Requirement Related to Opioid Prescribing

Seven Day Supply in the Most Common

Most States Exempt Treatment for Cancer, Palliative Care, Medication Assisted Treatment

Exceptions for the Professional Judgement of the Provider/Documented

Utah and Washington Become Latest States to Require Conversations between Prescribers and Patients

12 States Now Require Patient Notification of Opioid Risks

With the recent adoptions by Utah and Washington, 12 states have now passed versions of the Patient Notification Law, requiring a conversation between prescribers and patients and parents, when a minor is being treated, before an opioid-painkiller is prescribed to warn about risks of dependence and when appropriate to discuss the use of a non-opioid pain relief alternative.

info@preventopioidabuse.org
Utah and Washington Become Latest States to Require Conversations between Prescribers and Patients (continued)

Versions of this life-saving legislation have also passed in California, Connecticut, Maryland, Michigan, New Jersey, Nevada, Oklahoma, Ohio and Rhode Island and West Virginia. Efforts to adopt this life-saving legislation are currently underway in Alaska, Kansas, Missouri, Maine, Pennsylvania and Texas.

In the states where this legislation is being implemented, it is driving down the number of opioid pain reliever prescriptions written. In New Jersey, for example, opioid prescriptions have declined by 25% in a little over a year.

info@preventopioidabuse.org
CVS Pharmacy Policy: 2/01/18

• Acute Pain (Opioid Naïve Patients: No Opioid Script within the Past Year)
• 7-Day Supply
• Opioid Prescriptions
• Requirement to Counsel Patients:
  – Risks Of Addiction
  – Secure Storage Of Medications In The Home
  – Proper Disposal of Medications
Walmart giving away solution to dispose of unused prescription pills
January 26, 2018

Gene Myers, Staff Writer, @myersgene
Narcan available at more than 8,000 Walgreens locations nationwide

• *CBS News*, By Peter Martinez: October 27, 2017

• Walgreens (WBA) is now stocking Narcan at all of its more than 8,000 locations nationwide, the company announced Thursday. The nasal spray, which is an FDA-approved form of naloxone, can reverse the effects of an opioid overdose.

• The drug store chain said the move was "part of its comprehensive national plan to combat drug abuse" and help the communities it serves.
Knowing the Risks of Opioid Prescription Pain Medications (Rite Aid)

Opioid prescription pain medications are a type of medicine used to relieve pain. Some of the common names include oxycodone and acetaminophen (Percocet®); oxycodone, (OxyContin®); and hydrocodone and acetaminophen (Vicodin®).

These medications...

• Cause your brain to block the feeling of pain; they do not treat the underlying cause of pain.

• Are very addictive, especially if they are not used correctly.

• Increase your chances of accidental overdose, coma, and death if taken with prescription medications, including anti-anxiety and sedating medications, and alcohol.

Effective non-opioid options are available for relieving short-term pain, including ibuprofen (Advil®, Motrin®), acetaminophen (Tylenol®), physical therapy, chiropractic, acupuncture, and cognitive behavioral therapy. Talk with your pharmacist or healthcare provider to learn more.
Protect yourself - and your loved ones - with Naloxone (Rite Aid)

What is Naloxone?

• **Naloxone** is a lifesaving, rescue medication that can be used in an emergency to reverse the effects of an accidental opioid overdose.

Why should I get Naloxone?

• *Any prescription opioid medication has the potential risk for unintended consequences such as slowed breathing and accidental overdose.*

• Guidelines recommend naloxone if you take high doses of opioids, certain interacting medications or have medical condition(s) that increase your risk.

• Having naloxone at home can not only protect yourself, but loved ones that may ingest the opioid by accident - an emergency can occur after just one dose.

• Similar to a fire extinguisher in your home, **naloxone** is important to have "just in case" of an emergency or accident **it is always better to take appropriate precautions and be safe!**
Walmart Will Implement New Opioid Prescription Limits By End Of Summer

Vanessa Romo, May 8, 2018
Walgreens launched a national effort to help consumers safely dispose of unwanted or expired medications year-round in all of its pharmacies.

If the chain does not currently have a safe disposal kiosk, it will offer DisposeRx packets to help consumers safely discard unwanted medications, the company says in a prepared statement. Walgreens says the company has delivered on the expansion of its safe drug disposal program announced last fall, at no cost to customers.
“Tylenol, Motrin just as effective in treating pain in ER patients as opioids”

November 7, 2017

Lindsey Tanner, November 7, 2017, The Denver Post,
Reducing opioids not associated with lower patient satisfaction scores, study finds

Science Daily

A Kaiser Permanente study of nearly 2,500 patients who used high doses of opioids for at least six months showed that reducing their opioid use did not lower their satisfaction with care. The study, "Satisfaction With Care After Reducing Opioids for Chronic Pain," was published today in The American Journal of Managed Care.

"Physicians are often concerned they will receive lower satisfaction scores if they reduce opioids for patients who are accustomed to high opioid doses to manage chronic pain," said the study's lead author, Adam L. Sharp, MD, MS, of Kaiser Permanente Southern California Department of Research & Evaluation. "This study showed that following current recommendations and reducing opioids for chronic pain did not result in lower satisfaction scores."
Could DNA help doctors predict opioid addiction?
MDDI
By Kristopher Sturgis

New research out of Bentley University aims to explore the genetic links between human DNA and opioid addiction. The new study could help doctors identify patients susceptible to opioid dependence and choose different treatment methods.

The research project aims to help better inform doctors on how likely a patient is to become addicted to opioids before ever prescribing opioid drugs. The new data could also be used to predict how patients addicted to opioids will respond to certain treatments.
FDA approves the first non-opioid treatment for management of opioid withdrawal symptoms in adults

Encouraging more widespread innovation and development of safe and effective treatments for opioid use disorder remains top agency priority
Most doctors are ill-equipped to deal with the opioid epidemic. Few medical schools teach addiction.

Jan Hoffman, The New York Times

Comprehensive addiction training is rare in American medical education. A report by the National Center on Addiction and Substance Abuse at Columbia University called out “the failure of the medical profession at every level — in medical school, residency training, continuing education and in practice” to adequately address addiction. September 27, 2018
CDC

• New project to estimate best practice opioid prescribing in the United States.

• Using large health insurance claims data, CDC will estimate current opioid prescribing rates in the US for various conditions and procedures. Using clinical guidelines and related research, CDC will estimate what the prescribing rates would be for these conditions and procedures if best practices were followed.
Study: Dental painkillers may put young people at risk of opioid addiction

*The Washington Post*

By Ronnie Cohen

Dentists who prescribe opioid painkillers to teenagers and young adults after pulling their wisdom teeth may be putting their patients at risk of addiction, a new study finds.

The study, published in *JAMA Internal Medicine* Monday, shines a light on the largely overlooked role dental prescriptions play in an epidemic of addiction that has swept the United States, leading to a record 70,237 drug overdose deaths in 2017.

“Given the gravity of the opioid epidemic, the degree of persistent use and abuse we observed in adolescents and young adults, especially females, is alarming,” said researcher Alan Schroeder, a pediatrician and professor at Stanford University School of Medicine. “Our findings should trigger heightened scrutiny over the frequency of prescribing dental opioids.”

Adolescents and young adults often are introduced to highly addictive opioid painkillers when they have their third molars pulled. Millions of Americans undergo the procedure every year, and dentists routinely prescribe opioids to the vast majority. Only recently have dentists — the most frequent prescribers of opioids for youths between the ages of 10 and 19 in 2009 — started to reconsider the use of narcotics in managing post-surgical pain.
DEA Initiatives
Diversion Control Division: Outreach Activities FY 2015 - FY 2019

*As of 3rd Quarter, FY 2019, July 10, 2019*
Dear DEA-Registered Practitioner:

In March, 2016, the Centers for Disease Control and Prevention (CDC) published its "CDC Guideline for Prescribing Opioids for Chronic Pain" to provide recommendations for the prescribing of opioid pain medication for patients 18 and older in primary care settings. Recommendations focus on the use of opioids in treating chronic pain (pain lasting longer than 3 months or past the time of normal tissue healing) outside of active cancer treatment, palliative care, and end-of-life care.

CDC's Guideline is part of a comprehensive approach to addressing the opioid overdose epidemic and is one step toward a more systematic approach to the prescribing of opioids, while ensuring that patients with chronic pain receive safer and effective pain management. According to the CDC, The Guideline's twelve recommendations, published in August 2017, are based on three key principles:

1. Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care. Opioids should only be used when their benefits are expected to outweigh their substantial risks.
2. When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose. Clinicians should start low and go slow.
3. Providers should always exercise caution when prescribing opioids and monitor all patients closely. Clinicians should minimize risk to patients—whether checking the state prescription drug monitoring program, or having an 'off-ramp' plan to taper.

You are receiving this email as part of DEA's effort to improve its communication with its more than 1.7 million registrants while simultaneously improving the dissemination of the CDC Guidelines to those authorized to prescribe opioids.

A copy of CDC's publication entitled, "Guideline for Prescribing Opioids for Chronic Pain: Recommendations" may be found at: https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf.

Additionally, an Interactive Training Webinar for providers who prescribe opioids may be found at: https://www.cdc.gov/drugoverdose/training/index.html.

More than 11 million people abused prescription opioids in 2016.
Opioid Addiction Resources

Resources for DEA Registered Practitioners for Patients Who May Be Dependent and/or Addicted To Opioids

According to the U.S. Centers for Disease Control and Prevention (CDC) there were 63,632 drug overdose deaths in the United States in 2016; 174 deaths per day; one death every 8.28 minutes; 42,249 (66.4%) of those deaths were due to opioids. More deaths than those as a result of firearms, homicide, suicide, and motor vehicle crashes.

Practitioners are in a unique position to help combat the current opioid epidemic in this country. Please take time to understand and recognize the signs of this disease in your patients. If you or anyone in your office suspects that a patient may have a problem with opioid dependence, please provide your patients with the below listed information so they, or someone in their family, can get the help that they may need.

Practitioners may also wish to talk with their patients who are currently taking opioids for a legitimate medical issue about the benefits of naloxone (e.g. Narcan®, Evzio®) in the case of an overdose situation which may involve themselves or anyone in their family. These types of products can rapidly reverse the effects of an opioid overdose and are the standard treatment for these types of situations. Information on naloxone products can be found at www.fda.gov.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a National Helpline, 1-800-662-HELP (4357), for those with a possible opioid use disorder. The Helpline is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information here.

To find an authorized Opioid Treatment Program dispensing methadone or buprenorphine to treat opioid dependency in your state visit:
The Use of Telemedicine While Providing Medication Assisted Treatment (MAT)

Under the Ryan Haight Act of 2008, where controlled substances are prescribed by means of the Internet, the general requirement is that the prescribing Practitioner must have conducted at least one in-person medical evaluation of the patient. U.S.C. § 829(e). However, the Act provides an exception to this requirement. 21 U.S.C. § 829(e)(3)(A). Specifically, a DEA-registered Practitioner acting within the United States, is exempt from the requirement of an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet, if the Practitioner is engaged in the practice of telemedicine and is acting in accordance with the requirements of 21 U.S.C. § 802(54).

Under 21 U.S.C. § 802(54)(A),(B), for most (DEA-registered) Practitioners in the United States, including Qualifying Practitioners and Qualifying Other Practitioners ("Medication Assisted Treatment Providers") who are using FDA approved Schedule III-V controlled substances to treat opioid addiction, the term "practice of telemedicine" means the practice of medicine in accordance with applicable Federal and State laws, by a practitioner (other than a pharmacist) who is at a location remote from the patient, and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1395m(m) of Title 42 (42 C.F.R. § 410.78(a)(3)), which practice is being conducted:

A. while the patient is being treated by, and physically located in, a DEA-registered hospital or clinic registered under 21 U.S.C. § 823(f) of this title; and by a practitioner -who is acting in the usual course of professional practice; -who is acting in accordance with applicable State law; and -is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.

OR

B. while the patient is being treated by, and in the physical presence of, a DEA-registered practitioner -who is acting in the usual course of professional practice; -who is acting in accordance with applicable State law; and -is registered under 21 U.S.C. § 823(f) with the DEA in the State in which the patient is located.
Use of Mobile Devices in the Issuance of EPCS

The DEA is issuing the following statement regarding the use of mobile devices for issuing electronic prescriptions for controlled substances (EPCS) due to confusion surrounding this issue.

At this time, the DEA does not preclude the use of a mobile device, for the issuance of an electronic prescription for a controlled substance, if the encryption used on the device meets security requirements set out in Federal Information Processing Standards (FIPS 140-2). The DEA will allow the use of a mobile device as a hard token, that is separate from the computer or device running the EPCS application, if that device meets FIPS 140-2 Security Level 1 or higher. The device used to create the prescription cannot be the same device that serves as the hard token in the two-factor authentication.

A practitioner who uses a mobile or other electronic device for EPCS, and who does not wish to carry a hard token on a separate device, must use biometrics, and a password or a challenge question. See 21 C.F.R. §§ 1311.115 and 1311.116.

A practitioner may issue an electronic prescription for a Schedule II, III, IV, or V controlled substance when all of the requirements under 21 C.F.R. Part 1311 (Subpart C) are met.

Please note that while this document reflects DEA's interpretation of the relevant provisions of the Controlled Substances Act (CSA) and DEA regulations, to the extent it goes beyond merely reiterating the text of law or regulations, it does not have the force of law and is not legally binding on registrants.

For more information contact DEA Policy & Liaison Section at ODLP@usdoj.gov.
Continuing Education available through the FDA-approved Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS)

Opioid analgesics, such as hydrocodone, oxycodone, and morphine, are powerful pain-reducing medications that have both benefits as well as potentially serious risks. The FDA has determined that a Risk Evaluation and Mitigation Strategy (REMS) is necessary for all opioid analgesics intended for outpatient use to ensure that the benefits of these drugs continue to outweigh the risks. The Opioid Analgesics REMS, approved on September 18, 2018, is one strategy among multiple national and state efforts to reduce the adverse outcomes of addiction, unintentional overdose, and death resulting from inappropriate prescribing, abuse, and misuse of opioid analgesics.

The REMS program requires that training be made available to all health care providers (HCPs) who are involved in the management of patients with pain, including nurses and pharmacists. To meet this requirement, drug companies with approved opioid analgesics are providing unrestricted grants to accredited continuing education (CE) providers for the development of accredited CE programs for HCPs based on the FDA’s Opioid Analgesic REMS Education Blueprint for Healthcare Providers Involved in the Treatment and Monitoring of Patients with Pain.

Although training is not mandatory for HCPs to prescribe or dispense opioid analgesics, the FDA believes that all HCPs involved in the management of patients with pain should be educated about the fundamentals of acute and chronic pain management and the risks and safe use of opioids so that when they write or dispense a prescription for an opioid analgesic, or monitor patients receiving these medications, they can help ensure the proper product is selected for the patient and used with appropriate clinical oversight.

HCPs are strongly encouraged to use the Patient Counseling Guide to discuss the safe use, serious risks, and proper storage and disposal of opioid analgesics with patients and/or their caregivers every time these medicines are prescribed. HCPs are also strongly encouraged to emphasize to patients and their caregivers the importance of reading the Medication Guide every time it is provided by their pharmacist, and to consider other tools to improve patient, household, and community safety such as a patient-provider agreement.

Accredited CE programs available under the Opioid Analgesic REMS are offered for free or for a nominal fee and can be found at the following website: https://search.opioidanalgesicrems.com/Guest/GuestPageExternal.aspx
DEA National RX Drug Take Back Day

According to the 2016 National Survey on Drug Use and Health, 6.2 million Americans misused controlled prescription drugs. Unfortunately, a majority of misused prescription drugs are obtained from family, friends, and relatives from their kitchen, bedroom or medicine cabinet.

The DEA’s National Take Back Day is an opportunity for Americans to help prevent drug addiction and overdose deaths and to raise awareness about the dangers of opioid misuse.

The DEA is asking for your help in getting the word out. As a DEA-registered doctor, dentist, nurse practitioner, physician’s assistant, veterinarian and/or state authorized dispensing pharmacist, you are perfectly situated to help DEA spread the word about this important initiative. You can help by providing patients with information on how to locate a safe, convenient and anonymous collection location on October 27th.

For more information please visit DEAtakeback.com. We have also created a “Partnership Toolbox” where you will find posters and pamphlets, in both English and Spanish, that you can print and place in your waiting rooms. This site may also be used to identify a collection location in close proximity to your office.

Please help DEA in its effort to help keep unused prescription drugs out of the wrong hands. The DEA thanks you for your support!
Safe Prescribing Saves Lives
Use the resources below to learn more about DEA, SAMHSA, and CDC
working together to help you prescribe with confidence

GET SMART
ABOUT DRUGS
A DEA RESOURCE FOR PARENTS, EDUCATORS & CAREGIVERS
www.getsmartaboutdrugs.gov

800-662-HELP (4357)
NATIONAL HELPLINE
www.samhsa.gov/treatment

Prescription opioids can be addictive and dangerous.
It only takes a little to lose a lot.
www.cdc.gov/RxAwareness

Developed by CDC

SAMHSA
Substance Abuse and Mental Health Services Administration

CDC
Do You or a Family Member Need Help with Drugs?

1-800-662-HELP (4357)
A Final Note
The mission of the Diversion Control Division is to **prevent**, **detect**, and **investigate** the **diversion** of pharmaceutical controlled substances and listed chemicals from legitimate channels of distribution…
… *while* ensuring an adequate and uninterrupted supply of controlled substances to meet legitimate *medical*, *commercial*, and *scientific* needs.
21 C.F.R. § 1306.04 (a)

A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice.
Solutions to the Problem

Prevention/Detection

Education

Treatment

Enforcement
Post Questions

1. How many States implanted policies/guidelines setting limits on opioid controlled substance prescribed by doctors?

   A. 25 States
   B. 15 States
   C. 42 States
   D. 36 States
2. What are the top three most commonly prescribed controlled substances in the U.S.?

A. Hydrocodone
B. Oxycodone
C. Alprazolam
D. Methadone
E. A, B, & C
3. According to the CDC approximately how many people died from drug overdoses in the year 2018?

A. 70,237  
B. 52,404  
C. 63,632  
D. 67,367
4. Under Federal Law what is the primary responsibility of practitioners when it comes to issuing prescriptions for controlled substances?

A. A prescription must be issued for a legitimate medical need.
B. A prescription must issued in the usual course of professional practice.
C. A&B
5. According to IMS Data the total number of prescriptions being filled for oxycodone for the last three years has declined?

   A. Yes
   B. No
Thank You